

CALIFORNIA ACUPUNCTURE BOARD

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State of California
Department of Consumer Affairs
Gray Davis, Governor



(Attachment B)

PROFESSIONAL EVALUATION AND DOCUMENTATION OF DISABILITY

TO BE COMPLETED BY THE EVALUATOR

Candidate's Name _____

1. Describe the credentials and years of experience (If a learning disability.) which qualify you to make the determination of the disability and/or medical condition and the recommendation accommodation. (See Policies and Procedures, III (C) for a description of the necessary credentials.)

2. What is the type of disability that limits one or more of the candidate's major life activities (e.g., physical, mental, learning)?

3. What is the nature and extent of the disability? If a specific learning disability, learning related or psychological disability exists, please provide the DSM-III-R or DSM-IV Diagnosis, and identify the specific assessments used to diagnose the disability.

4. What is the date of your last treatment or consultation with the candidate?

5. What effect does the disability and/or medical condition have on the candidate's ability to perform under normal testing conditions?

6. What is the specific recommended accommodation and how does it relate to the candidate's disability and/or medical condition given the format of the examination?

EVALUATOR'S NAME (print)

TITLE

INSTITUTION/BUSINESS NAME

SIGNATURE

PROFESSIONAL LICENSE OR CERTIFICATION NUMBER

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TELEPHONE NUMBER

ADDRESS

DATE